

FOOD TRUCK PERMIT #	
DATE FILED	

CITY OF WILLIAMSBURG 2017 PERMIT APPLICATION FOR FOOD TRUCK OPERATION IN THE B-4 CULINARY ARTS DISTRICT

Williamsburg Planning Department 401 Lafayette Street Williamsburg, VA 23185-3617 (757) 220-6130 Fax (757) 220-6130

${\bf Applicant's\ Information}$

(Please print or type)

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Applicant's Name:	
Mailing Address:	
Phone No	
Name of Food Truck Owner:	
Mailing Address:	
	Email:
Food Truck is Principally Garaged at:	
We have read understand the requirements set fas it pertains to the operational requirements of	forth in §21-622 of the City of Williamsburg's Zoning Ordinance a food truck business.
Applicant's Signature:	Owner's Signature
Proposed Truck Location: (Please print or type) LOCATION 1: Property Owner's Name:	
Mailing Address:	
	F'1.

Requi	red Information				
	Copy of a valid Williamsburg business license. This license shall be posted in the vehicle at all times.				
П	all applicable standards. A valid health permit must be maintained for the duration of the permit. Names and addresses of all food truck personnel and copies of current food handler's permits issued to				
	such personnel:				
	Name:	Address:			
	Name:	Address:			
	Name:	Address:			
	Name:	Address:			
	Copy of an approved inspection from the	Williamsburg Fire Department stating that the food truck atewide Fire Prevention Code and all applicable standards. <i>The nual basis</i> .			
	± ±	pof of current motor vehicle inspection, and proof of valid			
	motor vehicle insurance for the food truck.				
	Copy of written agreement with property	owner(s) where food truck will be operated.			
If ther	e is more than one proposed location, pl	ease complete the following information for each location:			
	ATION 2: ty Owner's Name:				
Busine	ess Name:				
	al Address:				
-	g Address:				
	No:	Email:			
	ATION 3: ty Owner's Name:				
	No:				
	• • •				

LOCATION 4:		
Property Owner's Name:		
Business Name:		
Physical Address:		
Mailing Address:		
Diama Man	E	
Phone No:	Email:	
LOCATION 5:		
Troperty Owner's Name.		
Business Name:		
Business Ivanie.		
Physical Address:		
3 * * * * * * * * * * * * * * * * * * *		
Mailing Address:		
	_	
Phone No:	Fmail·	